

October 7, 2002

David Martinez  
TWCC Medical Dispute Resolution  
4000 IH 35 South, MS 48  
Austin, TX 78704

MDR Tracking #: M2-02-1179-01-SS  
IRO #: 5251

\_\_\_ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to \_\_\_ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Osteopathy who is board certified in neurosurgery. The \_\_\_ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to \_\_\_ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

#### CLINICAL HISTORY

This is a 57 year old right handed female who had an injury while at work back \_\_\_. She injured both her neck and her low back. She subsequently underwent surgical intervention on her neck for a cervical disc herniation and apparently has done well with that. She also had problems with her low back and left lower extremity. She had a MRI in March of 2000 on the lumbar spine which suggested severe degenerative disc disease at L2-L3 but no disc herniation or stenosis noted on that.

Her evaluation in May of 2001 by \_\_\_ was again without evidence for disc herniation. She also underwent a lumbar myelogram CT scan in June of 2001; again, there is no evidence of any lateral disc herniation or nerve truncation seen on the lumbar myelogram, according to the radiologist's report. Apparently \_\_\_ feels that she has a lateral disc herniation on an evaluation performed in January 2002.

Nothing in the chart would suggest the need for a new MRI or myelogram. Her EMG's were also normal.

## REQUESTED SERVICE

Lumbar Microdiscectomy

## DECISION

The reviewer agrees with the prior adverse determination.

## BASIS FOR THE DECISION

I see no medical justification for the nerve root entrapment from a compressive neuropathy to explain her symptomatology, either on her MRI or myelogram that I have reviewed. There is no clinical basis that the requested service would be of any benefit to this patient.

As an officer of \_\_\_\_, I certify that there is no known conflict between the reviewer, \_\_\_\_ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

\_\_\_\_ is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TDI/TWCC.

Sincerely,

## YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

In the case of prospective ***spinal surgery*** decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within 10 days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other ***prospective (preauthorization) medical necessity*** disputes a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P.O. Box 40669, Austin, TX 78704-0012. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(t)(2).